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REPORTS INVENTORY PREPARE IN QUPLICATE								DDS/OTR/EA - 7			
1. TITLE OF REP	PORT (If	a fi	II-in report inch Program Ca	rt include Form No.)				2. TYPE OF REPORT		STATISTICAL NARRATIVE MACHINE-NAME LISTING	
3. FUNCTIONAL A	3. FUNCTIONAL AREA			1		TRAINING SECURITY FINANCE		ADMIN. GENERAL OTHER (specify)			
4. NO. OF COPIES PREPARED			MEDICAL 1 FINANCE 5. FREQUENCY (weekly, monthly, quarterly, e				:•) 6	6. DISTRIBUTION (No. of components not number of copies) 5			
computer pri Memorandur	Int-out, m, For	etc) m	8. ADP PROCESSING YES IF YES GIVE ADP PROCESSING NO.				9. DIRECTIVE AUTHORITY REQUIRING REPORT Memo from Director, PPB				
10. PREPARING COMPONENT (include lowest level contributing information to report) II. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)											
	OTI	R/BI	F				Iron	1 Station, S	itan ——	& School Chiefs	
			A. MANU	12. AL PREF		ACTORS AND REV	JTEW (COSTS			
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